

**FEDERAL BUREAU OF INVESTIGATION**  
**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 4 9 2 5

FILED VS JAN - 4 1960

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 167

UNRECORDED

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Demiseot</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Demiseot</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Hayti</u>                              |  | Length of stay in 1b <u>5 hours</u>   | c. CITY OR TOWN <u>Bragg City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Demiseot County Memorial</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>Route # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>Holton Thomas Sylvester</u>                            |                                  |   | 4. DATE OF DEATH<br>Month - Day - Year<br><u>November 1st 1959</u>  |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><u>12-12-1910</u>                               | 9. AGE (last birthday)<br><u>49</u>                                    | IF UNDER 1 YEAR<br>Months <u>10</u> Days <u>19</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farm Laborer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Birmingham Ala</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                           |  |
| 13a. FATHER'S NAME<br><u>Frank Sylvester</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Ella Mae Nelson</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Heben L. Willis Poplar Bluff, Mo</u> |  |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT<br><u>1311 North 11th Helen L. Willis Poplar Bluff, Mo</u> |
|---|--|--|

|   |  |                                  |
|---|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Intra-Cranial Trauma</u> |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Automobile Accident.</u> |                                  |
|   | DUE TO (c)                             |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Severe Traumatic Chest Injury</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

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|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II of item 18.) |
|--|---|--|

|   |   |  |                              |        |       |
|---|---|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>Hour - a.m. - p.m.<br>Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|---|--|------------------------------|--------|-------|

|  |  |
|--|--|
| 21. I attended the deceased from <u>8:00pm Nov 1, 1959</u> to <u>Nov 1, 1959</u> and last saw him alive on <u>1 Nov 59</u> |  |
| Death occurred at <u>10:50P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.       |  |

|  |                             |  |   |
|--|-----------------------------|--|---|
| 22a. SIGNATURE (Degree or title)<br><u>Andrew C. Painter M.D. Portageville</u> |                             | 22b. ADDRESS   | 22c. DATE SIGNED<br><u>18 Dec 59</u>                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                     | 23b. DATE<br><u>11-3-59</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>East Woodlawn</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Hayti, Mo</u> |

|  |         |   |  |
|--|---------|---|--|
| 24. FUNERAL DIRECTOR<br><u>John W. German Hayti, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>12-20-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>La Honda Adams</u> |
|--|---------|---|--|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John H. German*

Licensed Embalmer No. 4355

P. O. Address Dayton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.